



A BRIEF HISTORY OF THE ORIGIN OF THE AMERICAN MEDICAL ASSOCIATION.

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A BRIEF HISTORY OF THE ORIGIN OF THE AMERICAN MEDICAL ASSOCIATION.

THE PRINCIPLES ON WHICH IT WAS ORGANIZED; THE OBJECTS IT WAS DESIGNED TO ACCOMPLISH; AND HOW FAR THEY HAVE BEEN ATTAINED DURING THE HALF-CENTURY OF ITS EXISTENCE.

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The American Medical Association, to the semicentennial celebration of which we devote the present passing hour, was the first truly National organization of the medical profession, deliberately planned to represent the profession of an entire country and to promote all its general interests, together with the sanitary interests of the whole people, of which we have any knowledge.¹

The circumstances that prompted the primary steps for the organization of this AMERICAN MEDICAL ASSOCIATION were National in their scope, and pointed unerringly to the necessity for National conference

¹ It is true that the British Medical Association dates its origin back to July 19, 1832, when in response to the invitation of Dr. Charles Hastings of Worcester, Eng., between fifty and sixty medical men, all from the provincial towns and cities in the south part of England, assembled in Worcester and formed a strictly "Provincial Medical and Surgical Association," which was to meet annually in some one of the provincial towns, for mutual intercourse, support and professional improvement. The membership at the end of the first year numbered only 140; but under the guidance of its founder, Dr. (afterward) Sir Charles Hastings, its membership annually increased and its annual meetings were invited to cities farther north, meeting in York in 1841. It was not, however, until 1856, twenty-four years after its organization, and nearly ten years after the organization of the American Association, that it began to claim national attributes by changing its provincial name for that of British Medical Association. And it did not hold its first meeting in the metropolitan city of London until 1862, during the first great International Exhibition.



and cooperation. In devising a permanent constitutional government for the union of the several States that had achieved their independence of the mother country, one of the important problems that taxed the wisdom of the statesmen of that period, was to determine what interests and institutions should be controlled by the general government and what should be left to the individual States. Strongly imbued as they were with the broad principle that only such topics as related to the regulation of commerce and intercourse with other nations and between the several States, and the common defense of the whole. should be placed under the exclusive control of the general government, they decided to leave the important subject of education and educational institutions to the regulation of individual States. Consequently the people of each State, through their State legislative bodies, established such systems of primary education, and granted charters for such academic and collegiate institutions for literary, scientific and professional education, as appeared to them most appropriate. Our educational history as an independent people commenced thus, during the last half of the last quarter of the eighteenth century, in a new and sparsely populated country, extending from Maine to Florida, with only four medical schools organized, all as departments of literary colleges or universities, and all attracting annually attendance of less than three hundred students, of whom not more than fifteen annually received the degree of Doctor of Medicine. and no two of them controlled by the laws of the same State. And it must be noted also, that a very large majority of those who entered upon the practice of medicine at that time gained their education in the office of some established practitioner, and were licensed by the censors of medical societies, the judges of courts, or even by the certificates of their preceptor, without ever having spent a day in a medical college. But the rapid increase of population. and consequent building of new cities, and the addi-

tion of new States, that took place during the next fifty years, developed a correspondingly rapid increase in the number of medical schools. So true is this statement, that at the time of the organization of this Association, 1846-1847, the number of medical colleges in the United States was more than thirty, with an annual attendance of more than 3.500 students, of whom not less than 1,000 annually received the degree of Doctor of Medicine: thereby showing that the education of medical students had been transferred with equal rapidity from the preceptor's office to the medical schools. Unfortunately, this rapid evolution of collegiate medical education took place under no general supervision, nor in accordance with any uniform system of laws. On the contrary, the legislatures of the several States freely granted charters for medical schools, with authority to grant diplomas, which were accepted as a sufficient license to practice medicine, but left them all without pecuniary endowment, and therefore directly dependent upon the fees received from students for their support. This necessarily led to a most active rivalry for numbers of students. Had this rivalry been limited to efforts to see which school or college faculty would give the most complete and reliable instruction in the various branches of medicine, only good could have resulted therefrom. The making the diploma a sufficient authority to enter upon the practice of medicine, however, changed the ruling question in the minds of three-fourths of the students from, "in which medical school can I obtain the most thorough medical education," to, "in which school can I obtain the degree of Doctor of Medicine for the least expenditure of time and money?" And so potential was the latter question on the several medical schools, that although the three medical schools originally organized in Philadelphia, New York and Boston had been founded substantially on the same basis or curriculum as the University of Edinburgh, requiring a good academic education as a preliminary for entering the medical course,

then from three to five years of medical study, with annual college terms of not less than six months, long before the number of our medical schools had reached thirty, all preliminary requirements had been abandoned, the term of medical study limited to a nominal three years, and the medical college instruction to two annual repetitional courses of from twelve to sixteen weeks each. Under this inadequate and unsystematic medical education, it really cost less in time and money to obtain the degree of Doctor of Medicine than it had previously cost to serve an apprenticeship in the office of a respectable practitioner and obtain a license from the censors of a local medical society. Of course, it elicited severe criticism by some of the most eminent teachers connected with the medical schools, by contributors to the medical press, and in discussions in many of the medical societies. And the one great fact that no adequate improvement could be made without either actual concert of action between the medical schools of all the States, or the establishing of independent boards for examining and licensing candidates for the practice of medicine in each State, became apparent to every enlightened member of the profession. earliest attempt to procure concerted action was among the medical schools of the New England States. In 1835 the faculty of the Medical College of Georgia urged through the medical press and by correspondence with other college faculties, the holding of a National convention of delegates; and in February, 1840, the Medical Society of the State of New York adopted a preamble and resolution, offered by Dr. John McCall of Utica, recommending the holding of a convention of delegates from all the medical societies and colleges in this country in Philadelphia in May of the same year.

The sole object of all these propositions was to procure concert of action in elevating the standard of medical education in the United States; and though they failed to get even the semblance of a convention,

the discussions to which they gave rise did aid in demonstrating more fully the necessity of accomplishing the grand object just stated. At the annual meeting of the Medical Society of the State of New York, in Albany, February, 1844, Dr. N. S. Davis, then a young delegate from the Broome County Medical Society, offered a series of resolutions declaring in favor of the adoption of a fair standard of general education for students before commencing the study of medicine; of lengthening the annual courses of medical college instruction to at least six months. and the grading of the curriculum of studies; and have all examinations for license to practice medicine conducted by State boards, independent of the colleges. After a brief but earnest discussion, the resolutions were laid on the table until the next annual meeting, and the committee on correspondence directed to bring them to the attention of the several county societies in that State. At the next annual meeting of the State Society, February, 1845, the resolutions were taken from the table, the committee on correspondence reported favorable action by several of the county medical societies and the whole subject was freely discussed. It was admitted by all parties that the standard of medical education was too low. but at the same time it was claimed that the standard was as high in New York as in any of the other States, and if her medical schools were compelled to elevate the standard, it would have no other effect than to turn the students from them to the schools of Pennsylvania and of the New England States. Consequently, the author of the original series of resolutions closed the discussion by offering the following preamble and resolutions:

Whereas, it is believed that a National Convention would be conducive to the elevation of the standard of medical edu-

cation in the United States; and

Whereas, there is no mode of accomplishing so desirable an object without concert of action on the part of the medical societies, colleges, and institutions of all the States; therefore, Resolved, That the New York State Medical Society earn-

estly recommends a National Convention of delegates from medical societies and colleges in the whole Union, to convene in the city of New York on the first Tuesday in May, 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble.

Resolved, That a committee of three be appointed to carry

the foregoing resolution into effect.

The preamble and resolutions were adopted, and the mover, Dr. N. S. Davis, then of Binghamton, and Drs. James McNaughton and Peter Van Buren of Albany, N. Y., were appointed the committee to further promote the object in view. This committee, through its chairman, prosecuted an active correspondence with the officers of all the regular medical societies and medical schools in the United States. and with influential members of the profession in which no medical societies existed. Commendatory notices appeared in most of the medical periodicals: and in the New York Journal of Medicine and Collateral Sciences, letters were published from the chairman of the committee, and from Dr. Luther Ticknor, then President of the Connecticut State Medical Society, discussing at considerable length the advantages of making the proposed convention the occasion for organizing a permanent National Medical Association. As the result of all these influences there assembled on the morning of May 5, 1846. in the hall of the Medical Department of the New York University, about one hundred delegates representing medical societies and institutions of sixteen of the twenty-six States then constituting the United States of America.

A complete organization was effected by the election of the following officers: For President, Dr. Jonathan Knight of New Haven, Conn. For Vice-Presidents, Dr. John Bell of Philadelphia, and Dr. Edward Delafield of New York City. For Secretaries, Dr. Richard D. Arnold of Savannah, Ga., and Dr. Alfred Stillé of Philadelphia, Pa.

On motion of Dr. N. S. Davis a business committee of nine was appointed "to bring the subject of medi-

cal education before the convention, in the form of distinct propositions suitable for discussion and action." This committee reported the four following propositions with the recommendation that a committee of seven members be appointed on each subject whose duty it should be to report at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847:

1. "That it is expedient for the medical profession of the United States to institute a "National Medical"

Association."

2. "That it is desirable that a uniform and elevated standard of requirements for the degree of M.D. should be adopted by all the medical schools in the United States."

3. "That it is desirable that young men, before being received as students of medicine, should have

acquired a suitable preliminary education."

4. "That it is expedient that the medical profession in the United States should be governed by the same Code of Medical Ethics."

After a free and friendly interchange of opinions, the report of the committee was adopted, and committees of seven were appointed for the full consideration of each subject, and directed to report at another convention to be held in Philadelphia, May 5, 1847.

Two other committees of seven were appointed to report at the same place and time, viz.: One on the proposition that all licenses to practice medicine should be conferred by a single board of medical examiners in each State; and the other on the necessity of efficient laws for effecting the registration of births, marriages and deaths in all of the States, and for a nomenclature of diseases. After spending two days in thus planning the preliminary work and having filled the six committees with men of known ability and influence, a seventh committee was appointed with the President, Dr. Jonathan Knight, as chairman, with instructions "to prepare and issue

an address to the different regularly organized medical societies, and chartered medical schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to the convention to be held in Philadelphia, in May, 1847. The address of this committee was soon issued and with the proceedings of the convention were published with commendatory notices in all the medical periodicals, and elicited favorable action on the part of nearly all the States and local medical societies throughout the country.

The result was, that on May 5, 1847, there assembled in the hall of the Academy of Natural Sciences in Philadelphia, Pa., about two hundred and fifty delegates, representing not less than forty medical societies and twenty-eight medical schools, constituting the organized medical institutions of twenty-two of the twenty-six States then constituting the United States.

The convention was organized by the re-election of Dr. Jonathan Knight of New Haven, Conn., for President; Drs. Alexander H. Stevens of New York, George B. Wood of Philadelphia, A. N. Buchanan of Nashville, and John Harrison of New Orleans, Vice-Presidents; and for Secretaries: Drs. Richard D. Arnold of Savannah, Alfred Stillé of Philadelphia,

and F. Campbell Stewart of New York.

The first business in order was the hearing of the reports of the several committees appointed at the previous convention. A full and able report was made by each committeee, which may be found in the first volume of Transactions of the Association. These several reports were deliberately considered and their recommendations adopted with a near approach to unanimity by the convention. The committee on a Code of Medical Ethics for the whole profession reported through its chairman, Dr. John Bell, aided by Dr. Isaac Hays, both of Philadelphia, the full and admirable code which still remains as the best exposition of medical ethics in the English language.

The committee appointed in 1846 to report a plan of organization for a permanent National Medical Association was composed of Drs. John Watson, John Stearns, F. Campbell Stewart and N.S. Davis of New York; Alfred Stillé of Philadelphia; W. H. Cogwell of New London, Conn., and E. D. Fenner of New

This committee adopted as the basis of a National Association the county or district and State medical societies in the several States and territories, and the faculties of the medical schools; allowing to each regularly organized medical society one delegate to every ten of its members, and each medical college faculty two delegates; and limiting the privilege of voting on all questions to the delegates in attendance at the regular meetings. By adopting such a basis, it was expected to greatly increase the number and efficiency of the local or county and State societies in every part of the country, and thereby constitute the National Association a true representative body. entitled to express the wishes and guard the interests of the whole profession. To retain the interest of delegates after their office of delegate had expired, the committee made provision for them to remain as permanent members, attend all regular meetings, and participate in all work of the Association except the privilege of voting, so long as they paid the annual dues and remained in good standing in the societies from which they were sent as delegates. Guided by these principles the committee reported a constitution and by-laws, prefaced by the declaration that the purposes of the Association are "for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession; and for faciltating and fostering friendly intercourse between those engaged in it." The several sections of the Constitution were considered in detail and some amendments were offered but were rejected, and the report of the committee without amendment was adopted by a large majority vote. Having thus adopted a complete Constitution, By-laws and Code of Ethics, the convention resolved itself into the AMERICAN MEDICAL ASSOCIATION, and appointed a committee of one member from each State represented, to nominate officers for the ensuing year.

The committee soon reported, recommending the election of the following, viz.: For president, Dr. Nathaniel Chapman of Philadelphia, Pa.; for vicepresidents, Dr. Jonathan Knight of New Haven, Conn., Dr. Alexander H. Stevens of New York City, Dr. James Moultrie of Charleston, S. C., and Dr. A. H. Buchanan of Nashville, Tenn. For secretaries, Dr. Alfred Stillé of Philadelphia, and Dr. J. R. W. Dunbar of Baltimore. For treasurer, Dr. Isaac Hays of Philadelphia. The recommendations of the committee were unanimously adopted. After filling the several standing committees required by the constitution and agreeing to hold the next annual meeting in Baltimore, Md., on the first Tuesday in May, 1848, the Association adjourned. Such is a brief history of the origin, objects and organization of the AMERICAN MEDICAL ASSOCIATION, which, with the exception of the first two years of the great war for the preservation of the Union of these States, has held its regular annual meetings in all the important parts of our widely extending country, still adhering tenaciously to the fundamental principles on which it was founded. And I am most happy to add, that every leading object sought to be accomplished by its founders has been substantially obtained: That is, universal free and friendly social and professional intercourse has been established; the advancement of medical science and literature in all their relations has been promoted; and the long agitated subject of medical education has reached the solid basis of a fair academic education as preparatory, four years of medical study, attendance on four annual courses of graded medical college instruction of from six to nine months each, and licenses to practice to be granted only by State Boards of Medical Examiners. The grand citadel of our noble profession has thus been constructed on its legitimate foundations, and it only remains for those who come after us to perfect its several parts, and make them more and more efficient in preventing human suffering and prolonging human life.





